*	1. TRANSMITTAL NUMBER: 2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	0 0 — 0 0 3 Louisiana
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE  February 1, 2000
5. TYPE OF PLAN MATERIAL (Check One):	
☐ NEW STATE PLAN ☐ AMENDMENT TO BE COM	NSIDERED AS NEW PLAN XX AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	IDMENT (Separate Transmittal for each amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:
42 CFR 450.32	a. FFY 2000 \$ (887.00) b. FFY 2001 \$ (2176.54)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
Attachment 4.19-B, Item 3, p 1	Same (TN 95-45)
10. SUBJECT OF AMENDMENT: The purpose of this amend laboratory and x-ray services by seven percent budget deficit in the state Medicaid Program.	
11. GOVERNOR'S REVIEW (Check One):	The service and approximate the service of the serv
<ul> <li>☐ GOVERNOR'S OFFICE REPORTED NO COMMENT</li> <li>☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</li> <li>☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</li> </ul>	OTHER, AS SPECIFIED: The Governor does not review state plan material.
12. SIGNATURE OF STATE AGENCY OFFICIAL:  David Hord by John Com  13. TYPED NAME:	16. RETURN TO: State of Louisiana Department of Health and Hospitals
David W. Hood	1201 Capitol Access Road
14. TITLE: Secretary	P.O. Box 91030 Baton Rouge, LA 70821-9030
15. DATE SUBMITTED: March 24, 2000	
17. DATE RECEIVED: MARCH 14 2000	r versuursen.
19. EFFECTIVE DATE OF APPROVED MATERIAL	Corporate Control of the Control of
21. TYPED NAME:  CALVEN G. CLINE	CONTROL PROGRAMMA ADMENTISTRATOR  THE ON VERNICABLE SPACE OPERATIONS
23. REMARKS:	endulus protestas memores a services, como especialistas e

TATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT EDICAL ASSISTANCE PROGRAM TATE OF LOUISIANA

ATTACHMENT 4.19-B Item 3., Page 1

## PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

**CITATION** 

Medical and Remedial
Care and Services

42 CFR 450.32

Item 3.

Superseded By LA 00-33

Other Laboratory and X-ray Services in a Setting Other Than a Hospital Outpatient Department or Clinic Are Reimbursed as Follows:

## I. Method of Payment

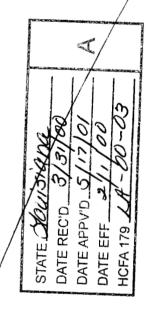
Payment for laboratory services is made on the basis of the lower of:

- 1. billed charges; or
- 2. Ninety-three percent (93%) of the State maximum amount (based on 1995 State payment methodology using 85% of Medicare fee schedule) which was in effect as of January 31, 2000.
- B. Payment for mobile X-ray services is made at ninety-three percent (93%) of the flat fee amounts (based on a range of 86%-92% above the fees for free-standing x-rays) in effect as of January 31, 2000.

## II. Standards for Payment

Payment as indicated above will be made for professional and technical services provided by an independent laboratory (other than a hospital outpatient department or clinic) which is qualified to participate under Title XVIII of the Social Security Act, or is currently determined to meet the requirements for such participation.

For obstetrical and pediatric laboratory codes and applicable rates, see Item 5.



SUPERSEDES: TN - LA TN# 95-45

N#11-00-03 Approval Date 5/17/01 Effective Date 2/1/00
Supersedes